

JAN 26 2004

PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/586,680
		Filing Date	June 1, 2000
		First Named Inventor	Daniel D. DOWNING
		Art Unit	2171
		Examiner Name	B. Hoffman
Total Number of Pages in This Submission	36 + 8 references	Attorney Docket Number	136922002400 Technology Center 2100

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JAN 30 2004

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing - 2 pages	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply - 15 pages	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Form PTO-1449 + duplicate copy - 2 pages
<input checked="" type="checkbox"/> Information Disclosure Statement - 3 pages	<input type="checkbox"/> CD, Number of CD(s) _____	2. Copies of eight references
<input type="checkbox"/> Certified Copy of Priority Document(s)		3. Copy of Office Action from related patent application no. 09/568,624 - 13 pages
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		4. Return Receipt Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Norman R. Klivans - 33,003	(Customer No. 25226)
Signature		
Date	January 23, 2004	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 335358318 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 23, 2004

Signature:

(Tia B. Zimmerman)



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEET TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

Application Number	09/586,680
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First Named Inventor	Daniel D. DOWNING
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Art Unit	2171
Attorney Docket No.	136922002400

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number		03-1952			
Deposit Account Name		Morrison & Foerster LLP			
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
		Extra Claims	Fee from below	Fee Paid	
Total Claims	19	-20 =	0 x 18.00 =	0.00	
Independent Claims	5	-5 =	0 x 86.00 =	0.00	
Multiple Dependent			290.00 =	0.00	
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	" Reissue independent claims over original patent	
1205	18	2205	9	" Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 0.00)			
** or number previously paid, if greater. For Reissues, see above					
SUBMITTED BY (Complete if applicable)					
Name (Print/Type)	Norman R. Klivans		Registration No. (Attorney/Agent)	33,003	Telephone (650) 813-5850
Signature	norm Klivans Jr.		Date	January 23, 2004	